

Explanation of PHEP Program Data

CDC's Office of Public Health Preparedness and Response funds state and local public health preparedness activities through the [Public Health Emergency Preparedness \(PHEP\) cooperative agreement](#) and other funding methods. These resources help public health departments improve their ability to respond to a range of public health incidents and build better-prepared communities.

PHEP Cooperative Agreement FY 14 Funding

Data source is the Public Health Emergency Preparedness Cooperative Agreement Funding Opportunity Announcement, 2015 data: 7/1/2014–6/30/2015 (Budget Period 3).

PHEP funds programs and activities that build and strengthen the nation's preparedness for public health emergencies, including natural, biological, chemical, radiological, and nuclear incidents. The PHEP amount includes: [Total Base plus Population Funding, Cities Readiness Initiative Funding, and Level 1 Chemical Laboratory Funding](#). Funding levels and types differ among awardees.

Top PHEP Capability Investments

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, 2015 data: 7/1/2014–6/30/2015 (Budget Period 3).

CDC has identified [15 public health preparedness capabilities](#) that measure state and local public health preparedness. Each of the public health capabilities identifies priority resources that contribute to routine public health activities, essential public health services, and preparedness and response functions. Note that these data refer only to PHEP funds. State and local government may also contribute funds not included in this data set. In addition, this data set excludes funding for sub-awardee contracts.

Jurisdictional Risk Assessments

Data source is the [CDC Behavioral Risk Factor Surveillance System \(BRFSS\) Annual Survey Data](#), 2012 and 2014. These data are only available for the states, localities, and Puerto Rico.

Successful planning for and responding to public health emergencies require addressing the needs of those who are most likely to be significantly affected. States and localities are required to consider the unique needs of their own populations.

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, as of December 31, 2016.

Jurisdictional risk assessments are used to identify potential hazards, vulnerabilities, and risks in a particular community that relate to its public health, medical, and mental/behavioral health systems.

Field Staff

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, 2015–2016 data as of October 31, 2016. These data are available for the states, localities, territories, and freely associated states.

PHEP provides preparedness support to states, localities, territories, and freely associated states through various field placement programs. Field staff serve in many different capacities.

Career Epidemiology Field Officers (CEFOs): CDC's CEFO program strengthens state, local, tribal, territories, and freely associated states' epidemiology capability by placing experienced, full-time epidemiologists in public health departments.

[Public Health Associate Program](#) (PHAP) Associates and Preparedness Field Assignees: This training program places PHAP associates in states, tribal governments, localities, territories, and freely associated states for two years to receive hands-on, frontline experience. After completing their training, select PHAP graduates are placed in state and local public health preparedness programs to serve two years in the field as Division of State and Local Readiness employees.

Public Health Advisors (PHAs): The Division of State and Local Readiness employs PHAs who help PHEP cooperative agreement awardees develop their preparedness and response programs. A subset of the PHAs focuses on the PHEP's medical countermeasure planning requirements.

Temporary Epidemiology Field Assignees (TEFAs): TEFAs are CDC employees who are assigned to serve in state, local, tribal, territories, and freely associated state health departments on a temporary basis.

Information Sharing

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, 2015 data: 7/1/2014–6/30/2015 (Budget Period 3). These data are available for the states, localities, territories, and freely associated states.

[The information sharing capability](#) refers to the rapid sharing of information among federal, state, local, territorial, and tribal government agencies and their key partners. Sharing information quickly and maintaining situational awareness are essential for routine activities and can be lifesaving during an emergency. The percentage of responses by partners to information requests within the requested timeframe was measured during an emergency, exercise, or planned event.

Emergency Operations Coordination

[The emergency operations coordination \(EOC\) capability](#) is essential for the implementation of other public health preparedness capabilities during a public health emergency.

Number of minutes for public health staff with incident management lead roles to report for immediate duty

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, 2013 data: 7/1/2012–6/30/2013 (Budget Period 1); 2014 data: 7/1/2013–6/30/2014 (Budget Period 2); 2015 data: 7/1/2014–6/30/2015 (Budget Period 3). These data are only available for the states, localities, and Puerto Rico.

This performance indicator demonstrates a jurisdiction's ability to immediately assemble public health staff with incident management lead roles in response to an incident. The response time is the number of minutes between the time a designated official began notifying staff to report for immediate duty and the time the last staff person notified reported for immediate duty. In 2013, awardees could opt to use a functional exercise for this indicator instead of a real incident or drill. In 2014 and 2015, this indicator was modified so that awardees were required to measure response time in a real incident or an unannounced and immediate drill (versus a functional exercise, where notice is provided).

In previous years, the ability to assemble staff covering activated public health agency incident management lead roles in a timely manner was a Department of Health and Human Services (HHS) Priority Goal. The performance target for this goal was 60 minutes or less. For 2013–2015, the past HHS Priority Goal performance target of 60 minutes does not apply; however, state data reflect the quickest reported time that met performance measure requirements. For the localities and Puerto Rico, data may not reflect the quickest time but instead may reflect a more complex or comprehensive incident. If an awardee did not submit data for this indicator, a dash is listed in the fact sheet. If an awardee submitted data but did not have an incident meeting performance measure requirements, "N/A" is listed in the fact sheet. Previous years' fact sheets presented staff assembly results for states, localities, territories, and freely associated states. Due to modified PHEP requirements, territories and freely associated states (except for Puerto Rico) did not report staff assembly results for 2014 and 2015.

Conducted call down drills to document the jurisdiction's ability to contact responders and activate the emergency operations coordination center

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, 2014 data: 7/1/2013–6/30/2014 (Budget Period 2); 2015 data: 7/1/2014–6/30/2015 (Budget Period 3). These data are only available for the eight territories and freely associated states.

The role-based activation list must have current names and phone numbers of responders. It must also be maintained with current data and exercised during unannounced drills or real incidents at least semi-annually.

Public Health Laboratory Testing

[The public health laboratory testing capability](#) is the ability to quickly detect, test, confirm, and report results to address actual or potential exposure to all hazards. Because the information provided by laboratories is essential for response to public health threats, these resources play an important role in emergency response planning and activities.

Result of communication drill between laboratory and epidemiological staff

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, 2015 data: 7/1/2014-6/30/2015 (Budget Period 3). These data are only available for the states, localities, and Puerto Rico.

Timely and effective communication between lab and epidemiologic staff (and vice versa) can reduce death and injuries in a public health emergency. The response time for this emergency contact drill is the number of minutes between the time that CDC contacted the on-call laboratorian or epidemiologist and the time the on-call-laboratorian or epidemiologist contacted CDC EOC to complete the drill cycle. The target time is 45 minutes.

Public Health Laboratory Testing: LRN-B

CDC manages the [Laboratory Response Network \(LRN\)](#), a group of local, state, federal, and international laboratories. CDC funds a subset of LRN laboratories through the PHEP cooperative agreement. The funding is provided to the states and localities (enabling these public health laboratories to establish and maintain the capability to respond to biological threats and emerging infectious disease events. (The laboratory located in Chicago is operated by the state of Illinois.) The LRN is not limited to laboratories that receive PHEP funding. Other laboratories that participate include state and locally funded public health laboratories as well as federal, military, international, agricultural, veterinary, food, and environmental testing laboratories.

Number of LRN-B public health labs

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, 2015 data: 7/1/2014–6/30/2015 (Budget Period 3).

The number of LRN-B public health labs includes the total number of local, county, and state public health laboratories. These labs test for one or more biological threat agents and are supported by the LRN program office at CDC. This number excludes the number of national, federal, military, agricultural, veterinary, food, environmental testing, and sentinel (for example, frontline, hospital-based) laboratories in each state.

Proportion of LRN-B proficiency tests passed

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, 2013 data: 7/1/2012–6/30/2013 (Budget Period 1); 2014 data: 7/1/2013–6/30/2014 (Budget Period 2); 2015 data: 7/1/2014–6/30/2015 (Budget Period 3).

The LRN evaluates laboratory capabilities through proficiency testing. LRN-B laboratories must demonstrate the ability to receive, test, and report on one or more suspected biological agents from unknown samples. Proficiency test results are presented in the fact sheets as the proportion of proficiency tests passed to the total number of proficiency tests participated in by LRN-B public health laboratories each year.

If a laboratory is unable to successfully test for an agent within a specified period of time and submit results, then the laboratory will not pass the proficiency test. If a laboratory fails a proficiency test, it is required to go through remediation proficiency testing to ensure that any problems are corrected. If a laboratory does not pass remediation testing, it can no longer perform testing in the LRN-B for that specific agent.

Previous years' fact sheets presented proficiency test results for all types of LRN-B laboratories (federal, military, agricultural, veterinary, food, and environmental). For years 2013 and 2014, the fact sheet presents proficiency test results for local, county, and state public health labs. For the year 2015, the proficiency test results only include those performed by the PHEP-funded laboratories.

If a laboratory did not participate in proficiency testing, will show as "Did not participate." Laboratories may not have capacity to test for the specific agents or they may have been down for scheduled maintenance during the unannounced proficiency test. The results include first-round proficiency tests only; follow-up remediation tests are not included in the totals.

Public Health Laboratory Testing: PulseNet

CDC coordinates the [PulseNet Network](#), which consists of local, state, and federal public health and food regulatory agency laboratories. PulseNet plays a vital role in monitoring and investigating foodborne illness outbreaks, strengthening national efforts to combat infectious disease outbreaks.

Laboratories in the PulseNet network use CDC's pulsed-field gel electrophoresis (PFGE) protocols to rapidly identify specific strains of *Escherichia coli* O157:H7 (*E. coli*) and *Listeria monocytogenes* (*L. monocytogenes*). *L. monocytogenes* is referred to as "Listeria" in the fact sheets. The percentages in the report are limited to human isolates. The target for this indicator is that states and localities will submit 90% of all tests performed to the PulseNet national databases within four working days. This timeframe allows the states and localities to demonstrate their ability to analyze samples and submit results in a timely manner to the PulseNet database. The laboratory located in Chicago is operated by the state of Illinois, therefore no data for these indicators are presented in the Chicago fact sheet.

Percentage of E. coli-positive tests analyzed and uploaded into PulseNet national database within 4 working days

Data source is the CDC Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), 2013 data: 1/1/2012–12/31/2012; 2014 data: 1/1/2013–12/31/2013; 2015 data: 1/1/2014–12/31/2014.

If a state or locality did not receive samples or did not perform testing, "N/A" is listed in the fact sheets for the percentage of "tests analyzed and uploaded into PulseNet national database within four working days."

Percentage of Listeria-positive tests analyzed and uploaded into PulseNet national database within 4 working days

Data source is the CDC Office of Infectious Diseases (OID), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), 2013 data: 1/1/2012–12/31/2012; 2014 data: 1/1/2013–12/31/2013; 2015 data: 1/1/2014–12/31/2014.

If a state or locality did not receive samples or did not perform testing, “N/A” is listed in the fact sheets for the percentage of “tests analyzed and uploaded into PulseNet national database within four working days.”

Public Health Laboratory Testing: LRN-C

PHEP funds the 50 states, four localities, and eight territories and freely associated states to establish and maintain LRN chemical (LRN-C) public health laboratories. [LRN-C](#) laboratories have the capability to identify and rapidly respond if the public is exposed to chemical agents.

Number and level of LRN-C labs

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, 2015 data: 7/1/2014–6/30/2015 (Budget Period 3).

There are three [levels](#) of LRN-C labs. The number of LRN-C labs listed is limited to those directly funded by the PHEP cooperative agreement (for example, state public health labs).

Proportion of core chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, 2013 data: 7/1/2012–6/30/2013 (Budget Period 1); 2014 data: 7/1/2013–6/30/2014 (Budget Period 2); 2015 data: 7/1/2014–6/30/2015 (Budget Period 3).

The proficiency testing results are the proportion of core methods successfully demonstrated by the level 1 and 2 laboratories in each state or locality to the total number of core methods identified by CDC. CDC has identified nine core methods for detecting and measuring chemical agents and conducted testing to determine LRN-C labs’ proficiency in these methods. The core methods use technical fundamentals that provide the foundation for chemical analysis capabilities. However, it should be noted that the states and localities with Level 1 and Level 2 laboratories that are not proficient in all core methods may have completed extensive work in the two steps that precede proficiency testing: training and validation in the core methods.

Number of additional chemical agent detection methods demonstrated by Level 1 and/or Level 2 labs

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, 2013 data: 7/1/2012–6/30/2013 (Budget Period 1); 2014 data: 7/1/2013–6/30/2014 (Budget Period 2); 2015 data: 7/1/2014–6/30/2015 (Budget Period 3).

CDC has identified four additional methods for Level 1 laboratories and up to three additional methods for Level 2 laboratories. A successful demonstration of these methods during testing indicates ongoing proficiency. However, it should be noted that while laboratories may not have demonstrated proficiency in these additional methods, they may have trained and undergone validation for additional methods, which are steps that precede proficiency testing.

Result of LRN exercise to collect, package, and ship samples

Data source is the CDC Office of Public Health Preparedness and Response, Division of State and Local Readiness, 2013 data: 7/1/2012–6/30/2013 (Budget Period 1); 2014 data: 7/1/2013–6/30/2014 (Budget Period 2); 2015 data: 7/1/2014–6/30/2015 (Budget Period 3).

Appropriate packaging and shipping of specimens is important to ensure the integrity of the specimen and the safety of all those involved. This exercise requires labs to collect relevant samples for clinical chemical analysis and ship those samples in compliance with International Air Transport Association regulations.

At least one laboratory located in each PHEP-funded state or locality is required to participate and pass. For states or localities with multiple participating laboratories, all results are reported. If the awardee passed the exercise, the result is "Passed." If the awardee failed the exercise, the result is shown as "Did not pass." For states or localities with multiple laboratories, the results are listed by lab level.